

# South Carolina Department of Disabilities & Special Needs

## Qualified Provider & Contract Compliance Review for Direct Service Providers

### Key Indicator Review Tool for FY2021

Qualified Provider Compliance Review	
QP-1	The Provider keeps service recipients' records secure and information confidential. Source: 167-06-DD
QP-2	For those for whom outlier/enhanced funding status (High Management, Outlier, Specialized Setting) has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request.  250-11-DD requires that residential service providers must retain staff schedules that document the increased level of supervision is being provided. The QIO will verify the presence of additional staffing support as well as other supports (i.e., Behavior Support Plan and training [Habilitation] strategies) that are needed in order to decrease the need for outlier funding.  Using the staffing schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the enhanced staff support was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the enhanced staff support was provided. Source: MOA DDSN/HHS, 250-11-DD
QP-3	The Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed). The Provider has a Human Rights Committee member list (which identifies the above), along with an attendance log for each Human Rights Committee meeting.  South Carolina Code Ann. 44-26-70 requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship. Source: South Carolina Code Ann. 44-26-70 and DDSN Directive 535-02-DD
QP-4	The Human Rights Committee will provide a review of Provider practices to assure that consumer's due process rights are protected at least every other month.  Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. In addition to reviewing Behavior Support Plans and Psychotropic Medications, the provider must document the HRC's review of any use of emergency restraints. The HRC must also receive notification of alleged abuse, neglect, or exploitation. Each Human Rights Committee, in coordination with the Agency, may establish its own mechanism to receive such reports. The HRC should also advise the DSN Board or contract provider agency on other matters pertaining to the rights of people receiving services and other issues identified by the Human Rights Committee or Agency. The sharing of this information and related discussion must be documented in the HRC meeting minutes. Source: South Carolina Code Ann. 44-26-160 and DDSN Directive 535-02-DD
QP-5	The minutes from the Human Rights Committee will reflect the review of restraints/restrictive interventions at each meeting and document the consideration of adjustments needed in corresponding Behavior Support Plans. Source: South Carolina Code Ann. 44-26-160 and DDSN Directive 600-05-DD.
QP-6	The provider has a system in place to track the approval of BSPs that include planned restraint techniques, training for staff in the use of these techniques, and the review of data involving the actual use of the approved restraints. The tracking system includes dates of approval by the provider's HRC and submission of data to DDSN. Documentation of the restraints must also be entered into Therap. Source: DDSN Directive 600-05-DD.
QP-7	On an annual basis, the Provider Risk Management Committee follows SCDDSN procedures regarding developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services. Source: DDSN Directives 100-25-DD, 100-26-DD and 100-28-DD.
QP-8	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Incident Management Reporting and the implementation of needed supports to consumers. The minutes of the meeting describe follow-up on all quality assurance/risk management activities identified in the individual reports. Source: DDSN Directives 100-26-DD and 100-28-DD.
QP-9	Within the quarterly Risk Management Committee Meeting, the Provider reviews trends found in the agency's Therap General Event Reports. The minutes of the meeting describe follow-up on quality assurance/risk management trends identified within the individual reports. The RM Committee is not expected to review all GERs but should have discussion about the relative trends that exist within the agency for each type of event. Source: DDSN Directives 100-09-DD, 100-26-DD and 100-28-DD.
QP-10	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Medication Error/ Event Reporting, as outlined in 100-29-DD, and monitors the monthly medication error rate for each licensed setting, with reports to the Risk Management Committee. The minutes describe actions taken when unusual reporting trends have been identified through Medication Error Reports/Rates in each service location.  Determine if the Board / Provider has developed an internal database to record, track, analyze, and trend medication errors or events associated with the administration of medication errors. The method for calculating medication error rate has been defined in DDSN Directive 100-29-DD. Source: DDSN Directives 100-26-DD, 100-28-DD, and 100-29-DD.

QP-11	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding the review of any restraints or restrictive procedures implemented. The minutes describe the review of documentation of less restrictive methods of behavior support that failed prior to the use of any	Review of any restraints or restrictive procedures used to ensure compliance with applicable directives. Source: DDSN Directives 600-05-DD, 100-26-DD, and 100-28-DD.
QP-12	Within the quarterly Risk Management Committee Meeting, the Provider reviews actions taken as a result of referrals for GERD/ Dysphagia Consultation for choking events to ensure there has been follow-up on recommendations.	Review of GERD/ Dysphagia Consultation reports to ensure there has been follow-up on recommendations related to individuals with reported choking events. Source: DDSN Directives 100-26-DD, 100-28-DD, and 535-13-DD.
QP-13	The Provider follows procedures regarding Medication Technician Certification program, as outlined in 603-13-DD, and has a system in place to verify: <ul style="list-style-type: none"> <li>• Certification of all staff with responsibility for medications</li> <li>• Quarterly oversight</li> <li>• Annual Refresher Training</li> </ul>	Source: DDSN Directive 603-13-DD
QP-14	The Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.	Source: DDSN Directive 567-04-DD
QP-15 W	Upper level management staff of the Provider conduct quarterly unannounced visits on all shifts to all residential settings to assure sufficient staffing and supervision are provided. SLP II should include visits to all apartments.	When a residential setting does not utilize a shift model for staffing (e.g. CTH I, SLP I, and live-in CTH II settings) visits need only to be conducted quarterly. The Provider shall conduct quarterly unannounced visits to all residential locations across all shifts excluding third shift in Community Training Home I and Supervised Living I Programs, including weekends, to assure sufficient staffing and supervision per the consumers' plans. Managers should not visit homes they supervise but should visit homes managed by their peers. Senior management may visit any/all of the homes. Documentation of the visit must include the date and time of the visit, the names of the staff/caregivers and consumers present, notation of any concerns and actions taken in response to noted concerns. SLP II should include visits to all apartments.  <b>Please note:</b> It is not necessary to visit individual SLP II apartments, during 3 <sup>rd</sup> shift, although 3 <sup>rd</sup> shift checks to the complex/staff review are still required. CIRS and CTH I locations do not require unannounced 3 <sup>rd</sup> shift checks. *Quarterly = 4 times per year with no more than 4 months between visits.  <b>The provider must conduct 90% of the quarterly reviews within the identified timeframe (excluding CTH Is- CTH Is will require a 100% Review).</b> Source: Administrative Agency Standards
QP-16	The Provider conducts all residential admissions / discharges in accordance with 502-01-DD.	Source: DDSN Directive 502-01-DD
QP-17	Provider Board of Directors receive annual training regarding DDSN Contract expectations and the provider's capacity to meet expectations.	Training is provided to members of the BOD within 90 days of appointment to the Board and their participation is documented. 1) Determine that annual training is provided by a qualified outside entity. 2) Determine that participation at the training is properly documented. 3) Review the content of the training to determine it is appropriate. Source: Administrative Agency Standards
QP-18 (R)	Vendors conducting business with the provider agency have been appropriately screened against the OIG Exclusions list.	Vendors conducting business with the agency must not appear on the OIG Exclusion List. Provider will maintain documentation of review of OIG Exclusion list. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model
QP-19 (R)	Contracted Direct Service Providers meet the criminal background check requirements for the position, prior to direct contact with service recipients.	Source: DDSN Directive 406-04-DD. Applies to new contractors within past year.
QP-20 (R)	Contracted Direct Service Providers continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
QP-21 (R)	Contracted Direct Service Providers meet the CMS "List of Excluded Individuals/Entities" review requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new contractors within past year.
QP-22 (R)	Contracted Direct Service Providers meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new contractors within past year.
QP-23 (R)	Contracted Direct Service Providers meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new contractors within past year.
QP-24 (R)	Contracted Direct Service Providers meet the annual TB Testing requirements.	Annual TB testing must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.
QP-25	Annually, the Contracted Direct Service Providers are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model
QP-26 (R)	The Provider employs Residential Staff who meet the minimum education requirements for the position.	Refer to SCDDSN Residential Habilitation Standards for educational and vocational requirements for all staff including those providing Intensive Behavioral Intervention
QP-27 (R)	The Provider employs Residential Staff who meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
QP-28 (R)	The Provider employs Residential Staff who continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.

<b>QP-29 (R)</b>	The Provider employs Residential Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-30 (R)</b>	The Provider employs Residential Staff who meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-31 (R)</b>	The Provider employs Residential Staff who meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
<b>QP-32 (R)</b>	The Provider employs Residential Staff who meet the annual TB Testing requirements.	If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.
<b>QP-33 (R)</b>	The Provider employs Residential Staff with acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-34 (R)</b>	Residential staff must pass mandatory, competency-based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
<b>QP-35 (R)</b>	The Provider employs Residential Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
<b>QP-36 (R)</b>	The Provider employs Residential Staff who must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
<b>QP-37 (R)</b>	The Provider employs Residential Staff who, when employed for more than 12 months, must be current in CPR, First Aid, Crisis Management Curriculum, Consumer Funds Management, and Medication Technician Training.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
<b>QP-38 (R)</b>	The Provider employs Residential Staff -who, when employed for more than 12 months, must receive an additional 10 hours of continuing education annually.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
<b>QP-39 (R)</b>	Annually, the Provider employs Residential Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Training must be completed by the last day of the month in which it was due. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model
<b>QP-40 (R)</b>	The Provider employs Day Services and Employment Staff who meet the minimum education requirements for the position.	Refer to SCDDSN Day Services Standards for educational and vocational requirements. Applies to new employees working less than 12 months.
<b>QP-41 (R)</b>	The Provider employs Day Services and Employment Staff who meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-42 (R)</b>	The Provider employs Day Services and Employment Staff who continue to meet the criminal background check requirements, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
<b>QP-43 (R)</b>	The Provider employs Day Services and Employment Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-44 (R)</b>	The Provider employs Day Services and Employment Staff who meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-45 (R)</b>	The Provider employs Day Services and Employment Staff who meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
<b>QP-46 (R)</b>	The Provider employs Day Services and Employment Staff who meet the annual TB Testing requirements.	Annual TB testing must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.
<b>QP-47 (R)</b>	The Provider employs Day Services and Employment Staff with acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
<b>QP-48 (R)</b>	Day Services/Employment Staff must pass mandatory, competency-based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
<b>QP-49 (R)</b>	The Provider employs Day Services and Employment Staff who when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
<b>QP-50 (R)</b>	The Provider employs Day Services and Employment Staff who must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
<b>QP-51 (R)</b>	The Provider employs Day Services and Employment Staff who, when employed for more than 12 months, must be current in CPR, First Aid, and the Crisis Management Curriculum.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
<b>QP-52 (R)</b>	The Provider employs Day Services and Employment Staff who, when employed for more than 12 months, must receive an additional 10 hours of continuing	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be

(R)	education annually.	completed by the last day of the month in which it was due.
QP-53	Annually, the Provider employs Day Services and Employment Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Training must be completed by the last day of the month in which it was due. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model
QP-54 (R)	The Provider employs/contracts Respite/ In-Home Support staff who meet the minimum education requirements for the position.	Refer to SCDDSN Respite Standards for educational and vocational requirements. Applies to new employees working less than 12 months.
QP-55 (R)	The Provider employs/contracts Respite/ In-Home Support Staff who meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
QP-56 (R)	The Provider employs/contracts Respite/ In-Home Support Staff who continue to meet the criminal background check requirements, upon required re-check.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
QP-57 (R)	The Provider employs/contracts Respite/ In-Home Support Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
QP-58 (R)	The Provider employs/contracts Respite/ In-Home Support Staff who meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
QP-59 (R)	The Provider employs/contracts Respite/ In-Home Support Staff who meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
QP-60 (R)	The Provider employs/contracts Respite/ In-Home Support Staff who meet annual TB Testing requirements.	Annual TB testing must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.
QP-61	The Provider employs / contracts Respite/ In-Home Support Staff with acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
QP-62 (R)	Respite/In-home Support Staff must pass mandatory, competency-based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
QP-63 (R)	The Provider employs Respite/ In-Home Support Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
QP-64 (R)	The Provider employs Respite/ In-Home Support Staff who must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
QP-65 (R)	The Provider employs Respite/ In-Home Support Staff who, when employed for more than 12 months, must be current in CPR, First Aid, and the Crisis Management Curriculum.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months.
QP-66 (R)	The Provider employs Respite/ In-Home Support Staff who, when employed for more than 12 months, must receive an additional 10 hours of continuing education annually.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
QP-67	Annually, the Provider employs Respite/ In-Home Support Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Training must be completed by the last day of the month in which it was due. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model

## Residential Services- Contract Compliance Review Indicators

RS-01	For new residential admissions, prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.	Prior to providing residential habilitation, background information as well as current behavioral, health, social and nutritional information should be gathered from record reviews, interviews, etc. in order to establish a preliminary plan. The Preliminary Plan may be uploaded to Document Storage if not using a document template in Therap. When assessments are completed, and training needs/priorities have been identified with the participation and input of the person, the residential support plan will be completed and will replace the preliminary plan.
RS-02R	<b>A comprehensive functional assessment:</b> a) Is completed prior to the development of the initial plan b) Is updated as needed to insure accuracy.	The assessment does not have to be re-done annually. It is acceptable to review the assessment and indicate the date of review and the fact that the assessment remains current and valid. This notation must be signed or initialed by the staff that completed the review. The Assessment may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards
RS-03R	<b>Within 30 days of admission and within every 365 days thereafter, a residential plan is developed.</b>	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards
RS-04	The person participates in the development of his/her residential plan and identifies goals and training priorities.	The plan is completed by active solicitation of the person's interests, life goals and supports needed. The information is gathered from the person through direct observations/interactions and, if necessary, talking with someone who knows the person best. The person's preferences and goals must be the focus of the planning process. The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards

RS-05R	The Residential Support Plan must include the type and frequency of care to be provided.	<u>Care</u> : Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught, such as regulation of water temperature, fire evacuation needs, transportation, medical/dental care, etc. To determine type and frequency of health care needed, the plan must contain all relevant medical information such as history, diagnoses, medications, etc. Source: Residential Habilitation Standards
RS-06R	The Residential Support Plan must include the type and frequency of supervision to be provided.	<u>Supervision</u> : Oversight by another provided according to SCDDSN 510-10. Supervision must be specific and individualized as needed to allow freedom while assuring safety and welfare. Behavior exhibited that affects the level of supervision needed, should be included. Source: Residential Habilitation Standards
RS-07R	The Residential Support Plan must include the functional skills training to be provided.	A minimum of 3 goals should be included in the Plan. <u>Skills Training</u> : Assists the person with acquiring, maintaining or improving skills related to activities of daily living, social and adaptive behavior necessary to function as independently as possible. Training should focus on teaching the most useful skills/abilities for the person according to the person's priorities. Skills training occurs in the confines of a training program which identifies specific objectives written with an observable, measurable single behavioral outcome, condition under which skill will be performed, criterion and duration. Training programs will include a task analysis of the skill to be learned, the method to be used, schedule for use of the method and type and frequency of data collection. Skills training will also include behaviors targeted in a formal behavior support plan. Source: Residential Habilitation Standards
RS-08R	The Residential Support Plan must include any other supports/interventions to be provided.	<u>Any other supports/interventions</u> : All supports needed, i.e. adaptive equipment, dietary monitoring, medical interventions, safety devices, etc. The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards
RS-09R	The Residential Support Plan must include a description of how each intervention will be documented.	Source: Residential Habilitation Standards
RS10 R	The effectiveness of Residential Habilitation is monitored, and the plan is amended when no progress is noted on a goal.	If no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended. ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-11 R	The effectiveness of Residential Habilitation is monitored, and the plan is amended when a new strategy, training, or support is identified.	ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-12 R	The effectiveness of Residential Habilitation is monitored, and the plan is amended when the person is not satisfied with the support.	ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-13 R	The effectiveness of Residential Habilitation is monitored, and the plan is amended when there is a change in health care or behavioral status.	ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-14	A quarterly report of the status of the interventions in the plan must be completed and available within 10 days of the end of the corresponding quarter.	ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-15	People are informed of their rights, supported to learn about their rights, and supported to exercise their rights. Training must be provided at least quarterly.	All people residing in CTH I, CTH II, CRCF, CIRS, SLP I and SLP II must be informed of their rights and supported to learn about and exercise their rights. The documentation of rights training may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards
RS-16	The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee. Any Restrictions in the Service Plan have been approved by the HRC with a plan for continued review and/or discontinuation.	Due process means human rights review of any restriction. The person must be offered the opportunity to attend the HRC meeting and have someone accompany them to assist in advocating for themselves if they so desire. Verified by Service Notes or documentation uploaded to Document Storage in Therap. Source: Residential Habilitation Standards, Directive 535-02-DD
RS-17	People are supported to manage their own funds to the extent of their capability.	Review documentation of the person's access to spend their money. This access and support for managing their money may be included in the Residential Support Plan or in the person's Financial Plan. The documentation may be uploaded to Document Storage if not using a document template in Therap.  Source: Residential Habilitation Standards and Directive 200-12-DD Management of Funds for Individuals
RS-18	People who receive services are trained on what constitutes abuse and how and to whom to report. This training must be provided at least quarterly.	All people who reside in DDSN Contracted Residential Services require quarterly training in what constitutes abuse and how and whom to report it. The documentation may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards, DDSN Directive 534-02-DD
RS-19	Behavior(s) that pose a risk to the person, (i.e. self-injury, elopement, etc.), others, (i.e. physical aggression, dangerous/inappropriate sexual behaviors, etc.), or the environment, (i.e., property destruction, etc.) are addressed.	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards and DDSN Directive 600-05-DD
RS-20	Prior to the development of a behavior support plan there must be a documented functional assessment that yields a summary statement that identifies function of behaviors, antecedents, setting events and replacement behaviors.	Guidance when taking over new cases: A fully executed functional assessment is available: provider must determine the merit of past assessment. If relevant, the provider can use these results but must document this decision in the summary statement. A functional assessment is available, but there is doubt as to the validity of findings. (Assessment >5 years should also cast doubt on the findings as the person's motivations or behavior may have changed): The provider, through an abbreviated process of direct and indirect assessment, validates past findings. The actions should be documented in the Summary Statement, No functional assessment is available: Provider fully executes a Functional

		Assessment. Source: Residential Habilitation Standards
RS-21	Behavior Support Plans must contain criteria for each problem behavior, including operational, measurable and observable way to describe behavior.	Collect behavioral data in accordance with the Residential Habilitation Standards. Source: Residential Habilitation Standards
RS-22	Behavior Support Plans must contain criteria for each problem behavior, including the conditions under which the behavior occurs or should occur.	Collect behavioral data in accordance with the Residential Habilitation Standards. Source: Residential Habilitation Standards
RS-23	Behavior Support Plans must contain criteria for each problem behavior, including the criteria for completion (Level and date).	Collect behavioral data in accordance with the Residential Habilitation Standards. Source: Residential Habilitation Standards
RS-24	Behavior Support Plans must contain objectives for each replacement behavior, including measurable and observable way to describe behavior.	Collect behavioral data in accordance with the Residential Habilitation Standards. ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-25	Behavior Support Plans must contain objectives for each replacement behavior, including the conditions under which the behavior occurs or should occur.	Collect behavioral data in accordance with the Residential Habilitation Standards. ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-26	Behavior Support Plans must contain objectives for each replacement behavior, including the criteria for completion (performance and time).	Collect behavioral data in accordance with the Residential Habilitation Standards. ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards
RS-27	Behavior Support Plans must contain Support Procedures that include each of the following: 1) Setting Event and Antecedent Strategies; 2) Teaching Strategies; 3) Consequence Strategies; 4) Crisis Management Strategies; 5) Data Recording Method; and 6) Data Collection Forms.	Collect behavioral data in accordance with the Residential Habilitation Standards.  Source: Residential Habilitation Standards
RS-28 W	Training for DSPs must accompany the plan and must include names, dates, and signatures of DSPs trained and the name of the trainer and/or authorized secondary trainer. In addition, the following components must be included: 1) written and verbal instruction; 2) modeling; 3) rehearsal; and 4) trainer feedback.	Procedures for training DSP(s) must be documented in either the BSP, training materials, or training documentation. Documentation of DSP training must be present to indicate training prior to or on the effective date /implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on #1 if needed.  90% of staff must have been trained for this indicator to be scored as "met." Source: Residential Habilitation Standards
RS-29	Fidelity procedures must occur quarterly by the plan author or authorized secondary trainer and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include name(s) and date(s) of DSP(s) being observed, description of observation, and signatures of DSP(s) and Observers.	Note: N/A with explanation may be acceptable If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing. At least 50% of the Fidelity Checks must be completed by the Plan Author. If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity check should, on a rotating basis, be conducted in each setting addressed by the plan. Source: Residential Habilitation Standards
RS-30	Progress monitoring must occur at least monthly and produce data-based progress summary notes. Details of future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance.	Progress monitoring must be completed by the end of the current month, for the previous month.
RS-31	If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then the Functional Assessment and its summary must be revisited with input from program implementers to determine the benefits modifying or augmenting BSP procedures or enhancing DSP training	Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.

## Day Services

A "DDSN Day Service" includes Employment Services - Group Services through a Mobile Work Crew or Enclave, Career Preparation Community Service, Day Activity, or Support Center.

DS1-01	After acceptance into service but prior to the first day of attendance in a DDSN Day Service, a preliminary plan must be developed that outlines the care and supervision to be provided.	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards
DS1-02	On the first day of attendance in a DDSN Day Service, the preliminary plan must be implemented.	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards
DS1-03 R	<b>Within thirty (30) calendar days of the first day of attendance in a DDSN Day Service and annually thereafter, an assessment will be completed.</b>	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards
DS1-04 R	<b>The assessment identifies the:</b> (1) abilities / strengths; (2) interests / preferences; and (3) needs of the consumer.	The Assessment may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards
DS1-05 R	<b>Based on the results of the assessment, within thirty (30) calendar days of the first day of attendance and within 365 days thereafter, a plan is developed with input from the consumer and/or his/her legal guardian (if applicable).</b>	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards
DS1-06 R	<b>The plan must include:</b> a) A description of the interventions to be provided including time limited and measurable goals/objectives when the consumer participates in Employment Services - Group Career Preparation, Community Services, and/or Day Activity; or	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards

	<b>b) A description of the care and assistance to be provided when the consumer participates in Support Center.</b>	
DS1-07	The plan must include a description of the type and frequency of supervision to be provided.	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards and DDSN Directive 510-01-DD
DS1-08	Individuals participating in Employment Services – Group must be paid at or above minimum wage.	
DS1-09	For Support Center Services, the plan must include a description of the kinds of activities in which the consumer is interested or prefers to participate.	Goals and objectives are not required for Support Center Services. This Indicator is N/A for all other Day Services. The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Day Services Standards
DS1-10	As soon as the plan is developed, it must be implemented.	Source: Day Services Standards
DS1-11 R	<b>Data must be collected as specified in the plan and must be sufficient to support the implementation of the plan for each unit of service reported.</b>	ISP data required in Therap as of September 1, 2016. Source: Day Services Standards
DS1-12	At least monthly, the plan is monitored by the Program Director or his/her designee to determine its effectiveness.	ISP data required in Therap as of September 1, 2016. Source: Day Services Standards
DS1-13 R	<b>The plan is amended with input from the individual and/or his/her legal guardian (if applicable) when significant changes to the plan are necessary.</b>	The Plan may be uploaded to Document Storage if not using a document template in Therap. NOTE: Amendments to paper plans must be made using a separate form identified as a plan amendment, indicating the date of the amendment, the name and date of birth, the reason for the amendment, and description of how the plan is being amended. Plans developed in Therap's ISP Programs do not require a paper amendment form but should reflect the reason for the change to the ISP Program. Source: Day Services Standards

## Employment Services - Individual Placement

DS2-01 R	<b>Employment Services - Individual is provided at a 1:1 staffing ratio.</b>	Source: Employment Services Standards
DS2-02 R	<b>Within 30 calendar days of the service start date, the Comprehensive Vocational Service Assessment will be completed that identifies the abilities/strengths, interests/preferences, paid and unpaid work experience and needs/supports of the individual.</b>	The Assessment may be uploaded to Document Storage if not using a document template in Therap.  Source: Employment Services Standards
DS2-03 R	<b>Based on the results of the Comprehensive Vocational Service Assessment, within 30 calendar days of the service start date, an Individual Plan Supports for Employment (IPSE) is developed by the Program Director or his/her designee with participation from the individual and/or his/her legal guardian, if applicable.</b>	The Assessment may be uploaded to Document Storage if not using a document template in Therap.  Source: Employment Services Standards
DS2-04 R	<b>The IPSE must include the Employment Goal specific to the individual, based on his/her interests, preferences, strengths and experience, with the expected outcome of sustained independent employment, at or above minimum wage, in a community integrated setting among the general workforce, at a job that meets the individual's personal and career goals.</b>	ISP data required in Therap as of September 1, 2016.  Source: Employment Services Standards
DS2-05 R	<b>Documentation of activities directly related to achieving independent, competitive integrated employment must be entered into the ISP/SC Individual Employment Log to support each unit of service reported. Documentation must be individualized, not cut and pasted or noted "same as above".</b>	ISP data required in Therap as of September 1, 2016.  Source: Employment Services Standards
DS2-06 R	<b>When independent competitive integrated employment is secured for the individual, details regarding this job placement must be documented to include: start date, employer, location (address), wage, hours per week (schedule), transportation arrangements, wage reporting responsibility and, when the job ends, the date and reason.</b>	Documentation of schedule (may vary) and wage increases, and any changes, will be documented in the Therap Employment History Module as of March 1, 2020. This information can be updated as changes occur. If the schedule varies from week to week, this can be noted as "varies".  Source: Employment Services Standards
DS2-07 R	<b>The IPSE is amended with participation from the individual and/or his/her legal guardian (if applicable) when changes to the plan are necessary.</b>	The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Employment Services Standards
DS2-08	<b>Employment Services Documentation must be available in Therap.</b>	The documents may be uploaded to Document Storage if not using a document template in Therap.

## HASCI Rehabilitation Supports *(Service Delivery through 2/29/20 Only)*

HRS-01	The RS Record contains a valid Medical Necessity Statement (MNS).	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-02	The RS Record documents a comprehensive assessment of needs and strengths to guide development or update of an IPOC.	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-03	The RS Record contains a valid Individual Plan of Care (IPOC).	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-04	The RS Record contains 90 Day Progress Reviews of the IPOC.	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-05	The RS Record contains a Rehabilitation Supports Summary Note for each day that RS were received.	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-06	The RS Record contains a Rehabilitation Supports Monthly Progress Summary for each month RS were received.	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-07	The RS service provision billed to SCDDSN is substantiated in the RS Record.	Source: Rehabilitation Supports Manual. Review services through 2/29/20.
HRS-08	The Provider agency of HASCI Division Rehabilitation Supports (RS) maintains required administrative records for each participant in the RS Program.	Source: Rehabilitation Supports Manual. Review services through 2/29/20.